

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Title::	MEDIA VERIFICATION SYSTEM
Attorney Docket Number::	90972.000023
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	Yes
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gerrit
Middle Name::	L.
Family Name::	Verschuur
City of Residence::	Lakeland
State or Province of Residence::	Tennessee
Country of Residence::	US

Street of mailing address:: 4125 Yellow Cedar Cove  
City of mailing address:: Lakeland  
State or Province of mailing address:: Tennessee  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 38002

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: M.  
Family Name:: Uland  
City of Residence:: Granville  
State or Province of Residence:: Ohio  
Country of Residence:: US  
Street of mailing address:: 208 Wicklow Drive  
City of mailing address:: Granville  
State or Province of mailing address:: Ohio  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 43023

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Chauncey  
Middle Name:: T.

Family Name:: Mitchell, Jr.  
City of Residence:: Lakeland  
State or Province of  
Residence:: Tennessee  
Country of Residence:: US  
Street of mailing address:: 4071 Loch Meade Drive  
City of mailing address:: Lakeland  
State or Province of mailing  
address:: Tennessee  
Country of mailing address: US  
Postal or Zip Code of mailing  
address:: 38002

## Correspondence Information

Correspondence Customer  
Number:: 23387  
Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing  
address::  
Postal or Zip Code of mailing  
address::  
Phone number::  
Fax Number::  
E-Mail address::

## Representative Information

Representative Customer Number::	23387	
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## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application.	An application claiming the benefit under 35 USC 119(e)	60/455,979	03/19/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/498,893	08/29/03

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing  
address::

Country of mailing address::

Postal or Zip Code of mailing  
address::